

JAMES L. HALL  
 Name  
# 987  
 Prison Number  
ACC. WEST, 1300 E. 4TH AVE.  
 Mailing Address, Zip Code, Place of Confinement  
ANCHORAGE, ALASKA  
99501

UNITED STATES DISTRICT COURT  
 FOR THE DISTRICT OF ALASKA

JAMES L. HALL #987 PRO-SE  
 Plaintiff,  
 vs.  
1) LEITONI TOPOU,  
2) CINDY BETTS, ET AL  
 Defendant(s).

\* NOTE: 2 CASES  
**PRISONER'S APPLICATION  
 TO WAIVE  
 PREPAYMENT OF FEES**

1) CASE NO. 3:05-CV-00160 ARB  
2) CASE NO. 3:05-CV-00219 JWS  
 (To be supplied by the Court)

I, JAMES L. HALL, declare that I am the (check the appropriate box)

- ☐ Plaintiff (filing civil rights complaint) ☐ Appellant (on appeal to the Ninth Circuit)  
☐ Petitioner for writ of habeas corpus  
 under 28 U.S.C. §§ 2254 or 2241 ☒ Other FILING FOR ENTIRE FEES

in this case. I am unable to prepay the fees for this proceeding or give security because of my poverty, and I believe I am entitled to the relief I am requesting. I agree that, if I am granted this application, a portion of any recovery, as directed by the Court, will be paid to the Clerk of Court for reimbursement of all unpaid fees and costs incurred by me in the case.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" DO NOT USE THIS FORM)

If "Yes" state the place of your incarceration: \_\_\_\_\_

**IMPORTANT: Have the Department of Corrections fill out the Certification and Calculation portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.**

2. Are you currently employed? ☐ Yes ☒ No

If the answer is "Yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

If the answer to No. 2 is "No," state the date of last employment and the amount of the gross and net salary and wages **per month** which you received.

Gross: N/A (YEARS AGO - 2004) Net: N/A ? (RECORDS DESTROYED)

Employer: MUSK / NW

Date of Last Employment: 6 / 1 / 04 (month/day/year)

3. In the past twelve months have you received any money from any of the following sources?

- |   |                              |  |
|---|------------------------------|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest, dividends or PFDs     | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or worker's compensation payments   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe each source and state the **amount** and **when received** and what you expect you will **continue to receive**.

4. Do you have **any** cash? <sup>OK</sup> ~~Yes~~ ☒ No  
State the total amount and location: \_\_\_\_\_

5. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): \_\_\_\_\_

b. Present balance(s) in account(s): \_\_\_\_\_

6. Do you have any savings/IRA/money market/CDs' separate from checking accounts?  
☐ Yes ☒ No

a. Name(s) and address(es) of financial institution(s) \_\_\_\_\_

b. Present balance(s) in account(s): \_\_\_\_\_

7. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed? \_\_\_\_\_

8. Do you own any real estate, stocks, bonds, securities, other financial instruments or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Do you have any other assets or personal property other than clothing? ☐ Yes ☒ No

If "Yes" list the asset(s) and state the value of each asset listed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Have you placed any property, assets or money in the name or custody of anyone else in the last two years? ☐ Yes ☒ No

If the answer is "Yes," give the date, describe the property, assets or money, give the name of the person given custody of the item and the reason for the transfer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their **monthly** support (and **for minor children, use initials only**):

Name	<u>N/A</u>	Relationship	_____	Support: \$	_____
Name	_____	Relationship	_____	Support: \$	_____
Name	_____	Relationship	_____	Support: \$	_____
Name	_____	Relationship	_____	Support: \$	_____

#### DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the United States of America that the above information is true and correct.

Executed on: 9/28/07  
DATE

James L. Hall  
SIGNATURE OF APPLICANT

THE CERTIFICATION & CALCULATION ON THE FOLLOWING PAGE MUST BE COMPLETED!